

**AMENDMENTS TO THE CLAIMS:**

This listing of claims will replace all prior versions, and listings, of claims in the application:

1. (currently amended) A method for accessing an interior of a cavity of a mammal, said method comprising:

positioning an elongated flexible conduit to extend from an exterior of the mammal through a natural orifice into and along at least a portion of the digestive tract to a target wall segment in the digestive tract;

forming an incision in said target wall segment;

advancing a distal end of said flexible conduit so that the distal end of said conduit extends through said wall;

after forming said incision and advancing the distal end of said flexible conduit through said wall, anchoring said distal end with respect to said wall;

advancing an endoscope through said conduit so that a distal end of said endoscope is disposed adjacent or distal to said distal end of said conduit;

viewing at least one of a tissue and an organ within said cavity;

releasing said anchor;

withdrawing said conduit and said endoscope through said wall; and

closing said incision,

further comprising, after said forming an incision and before said advancing said conduit, dilating said incision to facilitate passage of said conduit therethrough, wherein said dilating comprises dilating with an inflatable balloon.

2. (original) A method as in claim 1, wherein an endoscope is disposed within said conduit during said positioning step and wherein said endoscope is manipulated to guide and direct said flexible conduit to said target wall segment.

Claim 3. (Cancelled)

4. (original) A method as in claim 1, wherein said cavity is the peritoneal cavity.

5. (previously presented) A method as in claim 4, wherein a proximal end of said flexible conduit comprises a valve housing including a valve structure for defining a substantially air tight seal about said endoscope disposed therethrough and having a gas injection port, and wherein said method further comprises injecting a gas through said gas injection port so as to insufflate the peritoneal cavity after said anchoring step.

6. (previously presented) A method as in claim 1, wherein said flexible conduit has a pair of anchoring balloons defined adjacent a distal end thereof, and wherein said anchoring comprises inflating said anchoring balloons so that a proximal said balloon is disposed within said digestive tract and a distal said balloon is disposed in the cavity, thereby to capture said wall therebetween.

7. (previously presented) A method as in claim 1, further comprising, after said viewing, performing at least one endoscopic surgical procedure in said cavity.

8. (original) A method as in claim 7, wherein said at least one surgical procedure comprises organ removal.

9. (previously presented) A method as in claim 1, wherein said closing comprises applying a mechanical fastener to at least partly close said incision.

10. (previously presented) A method as in claim 9, wherein said applying comprises applying a ligating clip to close at least a portion of said incision.

11. (previously presented) A method as in claim 10, wherein said applying comprises disposing a clip applicator through an accessory channel of said endoscope, engaging a clip disposed at a distal end of said clip applicator with tissue on each lateral

side of said incision and actuating said clip so as to clamp said tissue and close said incision.

12. (previously presented) A method as in claim 1, wherein said forming comprises forming an incision with an endoscopic knife device.

13. (previously presented) A method as in claim 12, wherein said endoscopic knife device comprises a needle-knife, and wherein said forming comprises cutting said target wall segment with said needle-knife.

14. (previously presented) A method as in claim 13, wherein said endoscopic knife device is operatively coupled to an electrical source for heating said needle-knife and further comprising actuating said electrical source to heat said needle-knife.

15. (previously presented) A method as in claim 13, wherein said endoscopic knife device further comprises a conduit within which said needle-knife is disposed, and wherein said needle-knife can be selectively extended to project from a distal end of said conduit and selectively retracted so as to be disposed within said conduit and wherein said needle knife is mounted so as to be selectively removable through a proximal end of said needle-knife conduit and wherein said method further comprises, before said forming, extending said needle-knife to project from said distal end of said conduit, and after said forming step retracting said needle-knife.

16. (previously presented) A method as in claim 12, further comprising, after said forming, advancing a distal end of said endoscopic knife device through said incision.

17. (previously presented) A method as in claim 15, further comprising, after said forming, advancing the distal end of said endoscopic knife device through said incision.

18. (original) A method as in claim 17, further comprising removing said needle-knife from said needle-knife conduit and feeding a guide wire through said needle-knife conduit.

19. (previously presented) A method as in claim 18, wherein said endoscopic knife device further comprises an inflatable balloon provided adjacent said distal end of said needle-knife conduit, and further comprising, after said advancing of said endoscopic knife device through said incision, inflating said inflatable balloon to dilate said incision.

Claim 20. (canceled).

21. (original) A method as in claim 1, wherein said target wall segment is a portion of the stomach wall.

22. (previously presented) A method as in claim 1, wherein said positioning said flexible conduit comprises positioning said flexible conduit through the patient's oral cavity and esophagus.

Claims 23-35. (canceled).

36. (previously presented) A method as in claim 1, wherein said method is performed in the absence of an incision in the abdominal wall.